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<p>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</p>	Application Number	09/674,462
	Filing Date	May 8, 2001
	First Named Inventor	Robert I. Lechler
	Art Unit	1644
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	02292/000H795-US0

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Applicant desires representation by different attorneys and agents.

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

☒ Firm or Individual Name King & Spalding

Address	191 Peachtree
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City	Atlanta
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State

GA

Zip

30303

Country	US
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Telephone	(212) 527-7700
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Fax

(404) 572-5100

Name	Paul F. Fehlner
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Signature

$$P_1 + P_2$$

Registration No.

35,135

Date _____

June 16, 2004

Telephone No.

(212) 527-7700

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Express Mail Label No. _____ Dated: _____